



Palliative Care  
South East

# Annual Report

2017 - 2018



## Vision

**Why do we exist?**

*To support people with a life-limiting illness to live well.*



## Mission

**What do we do?**

*We provide comprehensive, collaborative, integrated care and specialist support.*

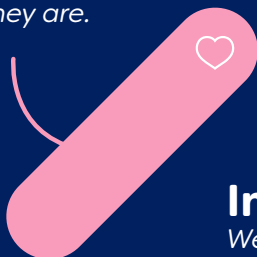


## Values

**What distinguishes us?**

### Respect.

*We respect all people for who they are.*



### Integrity.

*We are open, honest and accountable.*



### Innovation.

*We actively explore and respond to opportunities for creativity.*



### Enablement.

*We are the keystone enabling our communities to exercise choice and flourish.*



Our values stem from a set of principles and beliefs with their foundations in our community and the broader palliative care movement.

Our commitment to these values informs our approach to everyday actions.

Together they frame our code of conduct and underpin our culture.

*Palliative Care South East is committed to providing a workplace and service culture that builds respect, fosters inclusiveness, promotes diversity and embraces the unique skills and qualities of all our employees, volunteers, clients, their families and carers.*

# Message from the Chair.

The 2017-18 year saw continued transformation for palliative care services at a national level. During the year, the National Palliative Care Standards and the Service Development Guidelines were both updated. It is important to remain compliant with these standards and community expectations, as greater insight into the community's individual needs and preferences evolve.

Palliative care was highlighted as one of six services that required the introduction of greater user choice, competition and contestability, in turn improving outcomes for the people who receive them<sup>1</sup>. Therefore, Palliative Care South East (PCSE) continues to realise the ability to respond and adapt to change, in the external environment and within the organisation itself. This year, our dedicated operational team provided care and support to 584 clients and families and in doing so, provided in excess of 51,000 client contacts. This level of service assisted in 79% of clients dying in their place of choice.

The PCSE Board also demonstrated its ability to respond and adapt to change during significant renewal in membership in 2018 including the resignations of Directors Jennifer de Vos, Diane Sullivan, William Baker, Jennifer Sirca and Niloo Amendra. Then, under the leadership of Board Chair Natalie Sullivan, a new team was established, immediately contributing their time and skills to PCSE's ongoing success. I thank the retired members for their long-standing leadership and wish them every success in future endeavours, whilst I look forward to strengthening relationships with the new members of the Board.

Further achievements this year included major initiatives aimed at expanding the Service's reach into the community, with the addition of projects undertaken to enhance operational capability and efficiency:

1. establishment of the early intervention clinic, EPIC, which was funded through a Better Care Victoria Innovation Grant;
2. the development of a multi-lingual carer support kit which was funded by the South Eastern Melbourne Primary Health Network;
3. refurbishment of our Cranbourne office that has dramatically improved the ambience, functionality and capacity; and
4. upgrade of the IT systems to improve capacity and performance.

Financially PCSE remains in a sound financial position with the 17-18 financial year ending in surplus. This position was achieved following a significant increase in revenue of 18.35% over the previous year and thanks to the contributions of philanthropic benefactors, including the significant bequest by the Estate of Ms Hazel Moyes. The ongoing support by the Moyes family and other donors, demonstrates the community's recognition of the quality of care provided by PCSE staff and volunteers.

The Board and Senior Management remain committed to progressing the key initiatives of PCSE's strategic direction, while seeking innovative opportunities to enhance revenue and performance. The care model of supporting people to live and die in their place of choice, remains central to PCSE; it is paramount that the Service remains responsive to individual and diverse needs as they arise.



For this coming year, preparations have commenced with the PCSE team in readiness for the implementation of the Voluntary Assisted Dying Act 2017. From 19 June 2019, Victorians at the end of life who are suffering and who meet strict criteria will be able to request access to voluntary assisted dying. As such, PCSE remains mindful of what the community has taught us about the meaning of palliative care:

*... person and family-centred care provided for a person with an active, progressive, advanced disease, who has little or no prospect of cure and who is expected to die, and for whom the primary treatment goal is to optimise the quality of life.*

Thank you especially to our CEO, Molly Carlile AM, General Managers Julie Murphy and Natasha Farrell, and all PCSE staff and volunteers for their commitment, enthusiasm and professionalism throughout the year. As much as PCSE exists for people in need of its services, PCSE is the people who provide and support those services.

**Barry**

**Barry Small**  
Chair, Board of Directors

1. Productivity Commission (Inquiry Report), *Introducing Competition and Informed User Choice into Human Services: Reforms into Human Services*, final report released 26 March 2018 (<https://www.pc.gov.au/inquiries/completed/human-services/reforms/report/human-services-reforms.pdf> - 8th November 2018)

# Corporate Governance Statement.

Each Director has the skills and experience necessary for the oversight and leadership of the company. As a team, the Board of Directors brings together a broad range of qualifications and experience in health care service delivery/management, finance, accounting, sales and marketing, information technology and community development.

The Chair is responsible for leading the Board, ensuring Directors are fully briefed in all matters relevant to their role and responsibilities, facilitating Board discussions and managing the Board's relationships with the Chief Executive Officer.

The Chief Executive Officer's role is to implement the Board's strategic plan and drive the organisation's performance, ensuring we are always providing the best possible care for our clients and the best possible work environment for our staff.

## Role of the Board

The Board of Directors provides strategic guidance and oversight of our organisation playing a key role by setting the vision, mission and values by which we operate. The Board play an integral role in setting the future direction of PCSE, mindful of the constantly changing environment in which we provide care. Our Directors are all volunteers and commit a large amount of time, effort and energy for the benefit of our local community.



**Board Chair –  
Natalie Sullivan**

GAICD, FACHSM

*Board member since October 2017.*

With extensive background in the health sector, a leader who builds strong and lasting internal and external relationships that grow the business profile.



**Barry Small**

GIA (Cert)

*Board member since October 2017*

A broad perspective of organisational governance, strategy and risk management built over many years' experience in government and private enterprise.



**Catherine Lengyel**

GAICD, AFCHSM, MAASW

*Board member since October 2017*

Experience in development and implementation of clinical governance frameworks in human services and health care organisations. Substantial experience in the governance of mission based and not-for-profit organisations.



**Alison Smith**

BAppSci, MBA, MBL, GAICD

*Board member since April 2018*

Broad health sector national and state government experience developing and leading policy, programs and performance audits.



**Tanya McPharlane**

MBA, BN, AFCHSM, MAICD

*Board member since April 2018*

Background in health, aged care and not-for-profit industries as Board Director, manager, nurse, educator and auditor.



**Emeritus Prof. Margaret O'Connor AM**

RN, FACN, MAICD, MPCNA

*Board member since April 2018*

Lengthy experience in palliative care with a wide range of experience including clinical management, leadership and governance, education and research.



**Kenneth Parsons**

CPA, BComm

*Board member since May 2018*

A senior and commercial finance leader with extensive experience in all areas of finance combined with excellent operational business understanding.



**Michael Whelan**

CPA, GAICD

*Board member since May 2018*

A highly motivated professional director with extensive experience at both board and senior management level.

# Caring for Community.

The 2017-18 financial year has seen Palliative Care South East undergo rapid and extensive changes influenced both by changes in palliative care policy at a government level and internal changes to how the organisation addresses the needs of our communities. Essential to our ability to change and evolve has been the knowledge and experience of the staff and their willingness to think creatively and embrace innovation.

Funding provided by Better Care Victoria has enabled the establishment of an early intervention palliative care clinic at the Cranbourne site, which was launched in May 2018 and caters for the needs of clients and carers early in their palliative care experience. As our professional nursing and allied health team can provide early assessment and support from the clinic, both clients and carers are able to be actively involved in their care planning and supported to make decisions that meet with their individual values, needs and circumstances. Clients and carers also have access to volunteer support at the clinic that, if they choose, can be ongoing. An extensive evaluation process is underway to enable the effectiveness of the clinic to be measured so that the model can be used by other community palliative care services who wish to establish a similar program.

Additional projects have been undertaken thanks to funding provided by a number of our partners, including establishment of the “Weavers” carer support program and development of a comprehensive “Carer Support Kit” which is presented to people on their admission to the service and provides a ready resource for them to refer to and to provide a prompt for questions they may not have considered. This enables people to more freely discuss issues with staff when they visit them in their homes.

The Carers Kit has been produced in ten languages in order to cater for our diverse population.

In addition to improvements in the service we provide to clients and carers, we have established a number of relationships with cultural organisations within our region in order to better understand the unique needs of their members and raise awareness of palliative care, particularly to people for whom English is not their primary language. Staff have continued to speak at conferences in the community and attend forums and events that enable the general public to find out more about palliative care, ask questions and access resources. Conducting a “Dying to Know Day” stall, manned by staff and volunteers at the Fountain Gate shopping centre on August 8th, was one such event.

A major refurbishment of the office at Cranbourne was completed in May that expanded the open office space to enable us to house more staff comfortably and included the addition of standing desks to improve the health and wellbeing of office-based staff. Redecoration of the walls in the vibrant colours of our company logo, in addition to new furniture and carpet has provided both a safe and inviting space for staff and visitors. To further contribute to staff health and wellbeing we have introduced a support program for clinical staff conducted by an external psychologist, that enables them to talk about the impact of their work in a safe environment. We have also trialled a desk-based massage program and introduced regular deliveries of fresh fruit, so that both office staff and clinical staff have access to healthy snacks throughout the day.

These are only a few highlights of the multiple improvements we have made throughout the year. Additional initiatives we have undertaken to improve the care we



provide and the work environment we foster were recognised by the Australian Council of Healthcare Standards when we received ongoing accreditation on the completion of the periodic review undertaken by two surveyors over a two day site visit in February 2018.

Of course, the work is ongoing and challenges remain, but the organisation is in a good position to meet those challenges and embrace new opportunities due to the passion and commitment of the staff. The Board of Directors set the vision and strategy of the organisation and the staff make that vision a reality. We are indeed fortunate to have an operational and clinical team who are not only extremely skilled but always have our clients and families foremost in their minds. I wish to take this opportunity to thank them all for their hard work and diligence, particularly the Executive team who both support and assist me to put processes in place that keep us growing and evolving.

A handwritten signature in dark ink, appearing to read 'Molly Carlile'.

**Molly Carlile AM**  
Chief Executive Officer



# General Manager Clinical Services



The 2017-18 financial year has been a rewarding, and sometimes challenging year for the clinical team. The focus has remained upon providing palliative care in the client's place of choice and supporting them to die in their preferred location, whilst providing bereavement support to their carers.

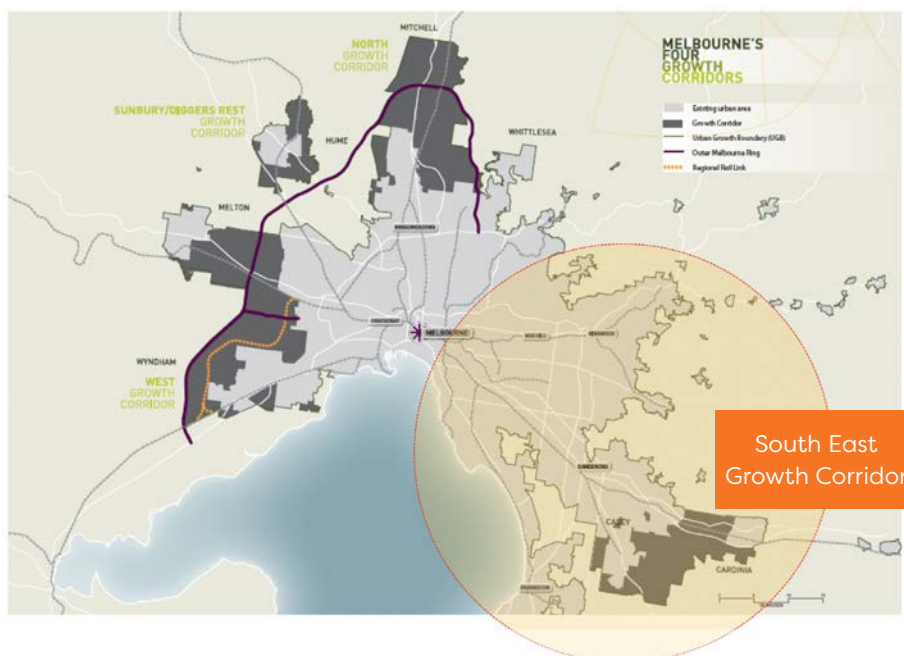
PCSE is focused upon continually improving the client and carer experience and the projects and initiatives that are outlined throughout this Annual Report are all aimed at achieving this. The Early Palliative Intervention Clinic (EPIC), the development of the Weavers program,

the development and implementation of the Carers Support Kit and Carer education are all aimed at expanding the scope of PCSE service as well as the quality of care provided. I would like to thank all the members of the team for their contributions to the development of these initiatives.

Located within one of the top five nationally growing populations (Cardinia growth from 2016 to 2017 is 5% and Casey 4.4%), there is a need to ensure that we review and refine access to our service, so that the community can enter PCSE when they need specialist palliative care. The current PCSE Service Access Model has been reviewed to ensure that the service offering is coordinated and streamlined resulting in a more client centred and efficient approach. This review has resulted in the development of new processes, procedures and guidelines and a realignment of administration and clinical responsibilities to ensure that expertise is utilised appropriately.

In comparing the statistics for 2017-18 with the previous year it demonstrates that PCSE service provision has remained stable within all areas with slight growth in admissions in the latter part of 2017-18 and a commensurate decrease in the waiting list.

South East Growth Corridor:



Source: Growth Areas Authority, 2012, Growth Corridor Plans: Managing Melbourne's Growth, June

## CONTACTS



2017/18

**51,013**

EXCEEDED  
TARGET  
BY 14%

2017/18

(TARGET SET BY DHHS)

**44,667**

2016/17

**50,741**

## ADMISSIONS



**584**



GENDER

**51%** MALE



**49%** FEMALE

## AGE

0 - 34

**2.4%**

35 - 64

**28.6%**

65 - 94

**67%**

95 +

**2%**



## DIAGNOSIS

### TOP REFERRAL SOURCES

**27%**

Acute Hospitals  
(Public)

**5%**

Acute Hospitals  
(Private)

**15%**

Palliative Care  
Inpatient Unit

**15%**

Specialist

**11%**

GP

**80%**

MALIGNANCY

**20%**

NON-MALIGNANT

## LGA

**54%**

City of  
Casey

**27%**

Greater  
Dandenong

**15%**

Shire of  
Cardinia

**4%**

City of  
Kingston

**248**

Australia

**57**

United Kingdom

**17**

India

**17**

Vietnam

**16**

Greece

**14**

Netherlands

**13**

Italy

**11**

China

**10**

New Zealand

**10**

Sri Lanka



TOP 10  
COUNTRY OF BIRTH

# Service Awards

The annual Service Awards were held in December - staff, volunteers and Directors were recognized and thanked for their dedicated service to PCSE.

Name	Service Award	Role
Kerry Beazley	5 Years	Community Palliative Care Nurse
Collette Chaplin	5 Years	Community Palliative Care Nurse
Leah Ebanks	5 Years	Community Palliative Care Nurse
Trang Nguyen	5 Years	Community Palliative Care Nurse
Liz Taylor	5 Years	Intake Nurse
Nikki Williams	5 Years	Community Palliative Care Nurse
Esther Wen	5 Years	Community Palliative Care Nurse
Jenny Allen	5 Years	Volunteer
Pam Glover	5 Years	Volunteer
John McGauran	5 Years	Volunteer
Hans Rutgrink	5 Years	Volunteer
Cherie Baxter	10 Years	Music Therapist
Sheri Lind-Hansen	10 Years	Administration Officer - Reception
Jannine Miers	10 Years	Counsellor
Robert Molenaar	10 Years	Nurse Practitioner
Jarrold Beaumont	10 Years	Volunteer
Wendy McRae	10 Years	Volunteer
Elsie Kooloos	15 Years	Volunteer
Barry Whelan	20 Years	Pastoral Care worker
<b>Special Awards: Volunteers</b>		
Betty Williams OAM	25 Years	Volunteer
Magda Lane	30 Years	Volunteer
<b>Special Awards: Retiring Directors</b>		
Dr Wes Jame		Director
Graeme Legge OAM		Director
Patty Hodder		Director
Mario Gurrisi		Director

## Barry Whelan 20 Years of Caring for our Community



I first commenced at PCSE (then known as Dandenong Palliative Care) on December 4, 1997 and the headquarters were situated on the corner of David and Cleeland St in Dandenong. The offices were very old and had previously been the Nurses Quarters for the Dandenong hospital. No air-conditioning and the heating system in the winter was operated from the boilers of the hospital next door - very uncomfortable during the warmer months.

The staff consisted of a CEO, 1 full time Administration and 1 part time, Nurse Co-ordinator, 9-10 mostly part time nurses, volunteer co-ordinator, 30-40 volunteers, 2 part time pastoral care workers, 2 part time counsellors and one consultant Doctor. With around 700-800 clients per year, most of the staff were expected to multi-task by assisting in other departments as skills and time allowed. Few computers were available and all patient/client notes were handwritten.

Around the late 1990s, the government announced an amalgamation of palliative care services and Dandenong Palliative Care became Dandenong Casey Palliative Care and included the Cardinia & Emerald Hills Palliative Care service. This move was expected to absorb all staff with no additional funding, as a consequence some of the staff from both services were made redundant as the budget would not accommodate such a change.

In the last 21 years many changes have been made including the move from Dandenong to Cranbourne into newly furnished offices in 2005. The number of staff has also increased with the addition of many new services. The service is now much more structured due largely to government regulations and the need to update into the digital age.

The best thing about working at PCSE is the privilege of visiting with patients and their families travelling on a most difficult and stressful journey with them. The satisfaction of being trusted enough to share their individual stories and being permitted to assist in healing the emotional pain of their loss. Also the joy of working with a team of dedicated and professional staff that have unique abilities and great compassion for both the clients and fellow staff members.

To be sitting at the bedside of an elderly man (who had a challenging journey with his diagnosis) just two days before his death and being told that your visits and support over the previous 18 months had given him a great sense of peace and had been "the highlight of my life" will remain etched in my Wall of Memory for a lifetime.





# Volunteers

Our wonderful volunteers continue to have very meaningful and integral roles within the organization. We could not fully support our community without the help of our volunteers. These amazing people willingly give their time, skills and energy to help people in our community. Our volunteers are of all ages, come from all walks of life and backgrounds.

This year our volunteer ranks have grown to 45 volunteers. We were delighted to officially celebrate the significant contribution of 2 of our volunteers - Magda Lane and Betty Williams OAM who have been volunteering with the organisation for 30 years and 25 years respectively.

Magda has dedicated a significant portion of her life to the service of others. She commenced volunteering at the Emerald Hills Hospice Service in 1987. Through the amalgamations of community palliative care services into South East Palliative Care Ltd and now Palliative Care South East Ltd she has now achieved 30 years of continuous service.

Magda has flourished as a family support volunteer visiting clients and their families at home. She has always been willing to support as many clients in the 'Hills' as she can. This has been very well received as people have realized how genuinely warm, caring and a part of the 'Hills' community she has become.

Magda is now well known in the Hills and has been a dedicated volunteer in a number of community services including emergency support and her church and Op shop. She has contributed many hundreds of hours to supporting palliative care and thousands of hours to her community through her other endeavors.

Betty has made a significant contribution to palliative care in the south east of Melbourne over the last 25 years. In 2001, Betty was awarded an OAM for services to palliative care. She has visited and supported dozens of clients and carers and has provided much needed social and emotional support, practical support and understanding. She did this with significant commitment as she braved inclement weather and public transport and long walks to reach her destinations - she has never driven a car.

She has contributed as a bereavement volunteer making phone calls to carers offering valuable support after their recent loss. More recently Betty has been assisting in our bereavement program as a facilitator in our bereavement lunch group and as a contributor to our biannual remembrance services. We have received several messages singling out Betty for her kindness and understanding that she has shown to bereaved carers.

"When we are motivated by compassion and wisdom, the results of our actions benefit everyone"

Dalai Lama XIV



Betty is a regular attendee at our monthly volunteer meetings and has provided much wisdom, support and inspiration to the volunteer team. Over the years Betty's enthusiasm has not waned and we are pleased to recognise her years of service.

Family Support Volunteers are trained in being able to slot into family life to support clients and carers at home (including some in aged care facilities) with practical help and companionship.

Our biographers through our "Sharing My Story" program have completed 10 biographies throughout the year and several milestone letters to commemorate special moments that clients will not be present for and to leave stories and messages as a lasting legacy for their loved ones.

Bereavement Volunteers have made hundreds of phone calls to bereaved carers - checking in on how they are managing 3 months after the death of their loved ones and linking them back into the service for extra support if needed.

"I often receive wonderful feedback that they are so grateful for the role PCSE has played in their loved one's care during these phone calls to check in with how they are going. This gives me a good feeling to know we have made such an important difference." - Jo, Bereavement Volunteer

Our Volunteers also attend and support carers at our monthly Bereavement Social Support Group lunches. PCSE runs monthly BSSG for bereaved carers to meet and enjoy some social time together. Participants are encouraged to support one another by sharing stories of how they are coping.





Lunch is held at various venues around the catchment. In October 2017, we facilitated an excursion for bereaved carers to Puffing Billy which was really appreciated.

Our volunteers also help in various ways at our biannual remembrance services – supporting carers, giving readings, providing and serving supper.

This year saw the expansion of our Volunteer program with the establishment of The Weavers Carer Support Program. Weavers are peer support volunteers who have the 'lived experience' of caring for someone with a terminal illness. This can be of great comfort to carers who can connect with someone 'who gets it' and can share their concerns. We continue to expand the program and are looking for more carers in our catchment to help build the capacity in the community to support carers to be better linked in with their local networks.

Ambassador Volunteers continue to play an important role in promoting PCSE and its programs to the community through presentations to community groups, attending forums and expos and participating in PCSE events such as Dying to Know Day promotion at Fountain Gate Shopping Centre.

We have several volunteers helping in the office, providing clerical and admin support. Our Admin volunteers provide much needed support to the team – helping to complete the ever-expanding work load that increased demand creates.

Volunteers have also played a vital role in the newly established Early Palliative Intervention Clinic (EPIC) since it opened in May 2018. Our volunteers welcome and support clients and carers on arrival, providing reassurance and friendly face at what is a very daunting time. We are fortunate to have volunteers providing transport to and from the Clinic for those clients who cannot get to clinic on their own and would otherwise not have access to our service.

The volunteer team meets monthly to share experiences and also to participate in internal and external education sessions.

Our 2017 End of year/Christmas break-up was held at the Cardinia Park Hotel. It was a time of reflection and celebration. Volunteers also donated to the Breast Cancer Network Australia in response to a guest speaker who had come to speak earlier in the year. They also decided, in lieu of a Kris Kringle, to enthusiastically donate toiletry items to the Pinchapoo charity to be distributed to disadvantaged people in our community.

## Remembrance Service

Palliative Care South East provides support through the biannual Remembrance Service. We invite family and friends to come together to remember their loved one and to celebrate their life. This year's services were held in November and May.

The services are facilitated by our Pastoral Carer, Barry Whelan with the support of the Music Therapist, Cherie Baxter. The services are also supported by staff and volunteers who assist with a variety of responsibilities such as service setup, participant registration, ushering, readings of reflection, singing, candle lighting, catering, bereavement support and clean up duties. In May 38 people attended representing 13 families.

The PCSE singing group consists of staff and volunteers and families are encouraged to join in.

“Being my first service of Remembrance I found it very rewarding and well organised. It gave me a great deal of comfort and I was so glad I made the effort to attend. I felt a lot more accepting of my great loss and have come to terms with feelings of utter loss and sadness – thank you to all – you wonderful people!”

“Very touching and reflecting.”

“I was able to communicate once again with the people that helped me through the caring of the patient and thank them.”

“A sense of community and sharing. A compassionate and honoring space of those who are grieving.”

## Dying to know day 2017

Dying to Know Day has become an annual event for PCSE. It is a national day of awareness which encourages all Australians to take action toward more open and honest conversations about death, dying and bereavement.

This year PCSE received funding from the City of Casey Community Grant to hold a pop-up stall at Fountain Gate Shopping Centre to engage with community members from all walks of life. Staff and Volunteers talked about PCSE and Dying to Know Day. We connected with over 400 people on the day. There were brochures and information available to help people start discussions with loved ones about their wishes and about advance care planning. There were give aways and a colouring competition for all ages.



## Office Refurbishment

In January we embarked on updating the tired office space –Lanoff Contructions was chosen after a tender process to complete the refurbishment. Walls were removed to create a spacious bright office space for clinical staff and new offices were created for administration and the Executive Teams. A breakout room was also created which can be used for counselling or debriefing. We used bright colours on feature walls to link the colour scheme back to the PCSE logo. We teamed this with bright and funky pieces of furniture to complete the look. The result is a bright fresh spacious environment for our staff to work





# Focus on: Occupational Therapy

Occupational Therapy in Palliative Care enables people with a life limiting illness to continue to perform valued and essential everyday living activities and optimises quality of life (QoL) and comfort; while acknowledging the changing needs due to deterioration and pending death. Occupational Therapists support clients and their caregivers by providing education on non-pharmacological symptom management, safe use of aids and equipment, activity analysis and several other interventions. Client centeredness is a core value of Occupational Therapy practice and is critical when setting goals for interventions. Our Occupational Therapists listen to the Client's story, observes what they are able to do and discusses what is meaningful to them. Research suggests, that people's hope to participate in valued and essential activities does not diminish after being diagnosed with a life limiting illness or approaching end-of-life; in fact, it is stronger.

## Case Study:

Mrs Debra Potts along with her husband Mr Robert Potts were able to accomplish a caravanning experience in their own caravan on their property. Debra and her husband Robert in the past always had an adventurous life caravanning in the Australian outback. After Debra was diagnosed with a life limiting illness, the couple hoped they could have this experience together for one last time. Minor modifications such as installation of grab rails were made to the caravan to ensure she was able to access the caravan safely. Appropriate aids and equipment were recommended, installed and transfers were practised with Debra to ensure her safety when accessing the outside and the inside of the caravan. OT provided some simple practical strategies to enable meeting Debra's physical care needs during this caravanning experience.



## Grants

### Carer Support Kit:

In 2016 PCSE received funding from South Eastern Melbourne Primary Health Network (SEMPHN) to develop a Carer support Kit. The kit is designed to support carers through their palliative care journey. It provides carers with information, ideas and support to assist in building confidence and reducing the stress associated with the role of carer.

The Kit was launched in January 2017 and is given to all PCSE carers. The feedback from both staff and carers has been great and it is a resource that has become embedded in our clinical practice.

"Carers can be overwhelmed by stuff happening to their loved one. Often, they don't hear what we say during the visit. I have found that encouraging families to use the kit and directing them to essential parts, gives them confidence to manage."

"I love it!! It has reduced the amount of time writing out information and instead of multiple leaflets, our carers have a one stop resource"



The Carer Support Kit has also been translated into 10 languages – Arabic, Traditional Chinese, Simplified Chinese, Dhari, Farsi, Greek, Italian, Khmer, Sinhalese and Vietnamese.

The Carer Support kit is also available on our website in all languages. Carers and families can instantly access The Kit from their computers, iPads and smart phones. All or any part of the kit can be viewed and downloaded as required.

## Weaver Carer Support Program:

PCSE received further funding from South Eastern Melbourne Primary Health Network (SEMPHN) to establish a Carer peer support program called Weavers. We are extremely proud that we are the first Palliative Care organisation in Australia and the first Victorian organisation to implement the Weavers program into our carer support program.

Weavers is a program developed by The Australian Centre for Social Innovation (TACSI). It has been designed with carers and it provides support along the caring journey. Weavers are people who have experienced what it means to be a carer. They truly understand what it's like and are trained to use this know-how to support our carers.

Our Weaver Volunteers work alongside our health professionals. They help carers through emotional challenges, to sustain themselves and to encourage them to stay connected. We launched the program in January and we have 8 Weavers on the program who volunteer their time to meet with carers and support them for as long as they wish.

One carer said "It's so hard for men to talk about their feelings; none of my friends have looked after their wife but Norm has and he knows what I am going through".

## Community Liaison Officer & Carer Educator:

SEMPHN also provided further funding to establish 2 new roles to support the Carer support program – Carer Educator and Community Liaison Officer. These roles are crucial in the promotion of the Carer Support Kit and PCSE throughout our Community.

### Community Liaison Officer (CLO):

The Community Liaison Program aims to develop and strengthen relations with key stakeholders and local groups to enable better community awareness of PCSE.

The CLO has made many contacts and presented to stakeholders and community groups. The presentations include an overview of Palliative Care, details of PCSE and our services and how we can support people who are terminally ill and their carers in our community.

The CLO developed and implemented communication strategies and the associated internal workforce strategy. Increase in admissions from the culturally and linguistically diverse (CALD) communities targeted our ability to manage their specific needs especially with regards to after-hours practices were measured.

The CLO reached out to our referral agencies (Hospitals, GPs, ACF, Community Groups, etc) within the region to promote our services.

The Carer Support Kit is utilised as the main tool for educating the groups and the Carer Support Group as a forum for support.

### Carer Ed:

The Carer Educator was responsible for the Carer Support Group, arranging meetings and session content and reaching out to those carers most in need. Detailed Carer Support programs specifically designed to meet the needs of our varied communities were developed. They worked closely with community leaders and our Clinical Team to ensure that the content is appropriate to the target audience.

Liaising with our Intake team ensured that Carers' needs were captured and their resilience risk was monitored from the outset.

The finalised Carer Education Programme is a holistic project that includes an Education component, a complementary therapy session and then finishing with a Carers Support Group. This program enhanced the other support tools on offer to our carers. A carer survey was completed by all attendees and facilitators to ensure that the program remains relevant and of value to carers.

## Early Palliative Intervention Clinic (EPIC):

Research shows that early access to Palliative Care Services greatly improves the quality of life of those living with a life limiting illness and their carers and families.

This year PCSE applied to Better Care Victoria to fund the establishment of an Early Intervention Clinic. We are very pleased that our application was successful and the work began on setting up our Early Palliative Intervention Clinic (EPIC). We established a Steering Committee to support, guide and oversee the project to ensure successful delivery and attainment of outcomes. We also received great enthusiasm from staff who formed a Working Group to ensure that all the work was completed to ensure the opening of the Clinic in May.

The Clinic is open to referred clients who are early in their illness trajectory and who are able to attend the Clinic located in our offices in Cranbourne. The Clinic offers a multi discipline approach including nursing, social work, occupational therapy, counselling, massage therapy and education available to clients and carers. The inclusion of Advance Care Planning and value/wishes identification as part of the clinic model enables clients to have more control over their care throughout their illness and build carer capacity to ensure clients are able to die in their place of choice, when the time comes. Evaluation of the Clinic will commence in late 2018 and it is anticipated that unplanned hospital admissions for our clients will reduce, given the early involvement and by them having 24 hour access to care and support.



### Case Study 1:

Client and carer were referred to the Social Worker on their initial visit to EPIC. Our Social Worker arranged for a short holiday program at their initial EPIC visit after hearing how his diagnosis had impacted their lives. They have an adult son who has a disability and they are both caring for him.

#### Feedback from client & carer:

“We are just so appreciative of the help we get from PCSE. We did not even know that this help is available. The holiday was just beautiful. The house was big, even too big for the two of us. The owner was lovely and the instruction we were given was clear. It was a short drive to the beach. We went around driving in the area; we went to Port Arlington (sic). We enjoyed our time together and we just wanted to see you to let you know what a great time we had.”

### Case Study 2:

Client & Carer presented with psychosocial issues at initial Social Work appointment at EPIC: - Client needed help with re-doing his will; Carer needed to apply for carer allowance but did not know how.

“We have been told by other service providers previously that Carer can apply for carer allowance but nobody told us how to do it. It is amazing that with one visit (at EPIC), we get things done so quickly. We are just so overwhelmed with the support/help we received.”

From Carer: “I am now receiving carer allowance (after only two weeks of application) – they even backdated it and we got some extra cash to pay for Client’s 4WF. (sic)”

## Syringe Drivers – Honda Foundation:

As clients become increasingly ill, they often lose the ability to swallow tablets, capsules or liquid or they require medicines that need to be given by injection. Pain relief and symptom control can often be managed using a small pump called a syringe driver. This gives the patient a regular amount of medicine. A syringe driver is a battery driven device that enables safe and effective subcutaneous administration of medications over a period of time. The syringe driver enables clients to remain in the home for longer. It reduces the level of pain and therefore reduces stress on both our clients and carers. We were fortunate to receive funding from the Honda Foundation to purchase 5 new Syringe Drivers to add to our stock.



We were able to purchase specialist hospital beds and mattresses to replace equipment due for renewal. The provision of hospital beds enables our clients to remain at home and have the same standard of equipment as an inpatient hospital setting, thereby improving their quality of life.

PCSE provides hospital beds on loan to clients, as we understand the significant expense of having to purchase or hire such equipment. The clinical need for a hospital bed is identified by our trained staff who conduct the necessary assessments and then make recommendations.

PCSE provides clinical aids and equipment on loan to clients undergoing financial hardship in order to provide a good quality of life and safe environment whilst admitted to PCSE program. Clinical need for equipment aids is identified by our qualified Occupational Therapists who conduct the necessary assessments and then make recommendations. We purchased wheelchairs to enable our clients to maintain mobility and functionality and reduce the risk of falls, thus enabling them to remain home for longer, in a safer environment. The wheelchairs are safe for outdoor use, thus giving our clients mobility to continue to have

## 2017 Equipment and Infrastructure Grant - Department Health and Human Services:

PCSE was successful in receiving in excess of \$93,000 from the DHHS grant. This was an amazing achievement as it assisted us to purchase much needed equipment and complete the refurbishment of the EPIC Clinic. Due to an increase in clients admitted to our program who demonstrate financial hardship, PCSE identified the need to expand our existing equipment resource in order to provide timely and appropriate equipment to our clients.





quality of life by allowing them to participate in their communities.

We also purchased more Syringe Drivers to replace those that were coming to the end of their life.

We used some of the funding to refurbish our secondary office space to use as a Clinic (EPIC) to support clients and carers. The offices were converted to 2 medical rooms, a consulting room and a Reception area. Our Early intervention Clinic is situated in the new facility. Clients and carers come into the Clinic for their appointments instead of being seen at home.



## Step By Step Carers Walking Group - Casey Cardinia Foundation Community Grant:

At PCSE, we understand the huge contribution that carers make and the constant difficulties that can be associated with caring. It is important to provide support to carers to enable them to be resilient and build confidence at what can be a life changing time in their lives. That's why we were very excited to receive funding from the Casey Cardinia Foundation to help us to establish the Step By Step Carers Walking Group.

Evidence shows that providing access to activity based programs like walking are beneficial to carers by preventing social isolation through connecting with others in their community. It is an opportunity to meet other carers and share experiences in a safe environment. Participation in the Walking Group is available to all carers of PCSE Clients. Walks are held within our catchment on designated walking tracks.

## PCSE Feedback

“Words cannot say how much I appreciated your pastoral care visits and the Nursing staff. Thank you again for your support.”

“Thanks so much for all your assistance to Peter and I during Peter's final months. Your care and advice made things so much easier for us. Thanks again.”

“To everyone who was involved in helping us take care of Debra 'our beautiful angel now at rest'. We extend our heartfelt gratitude, you helped to make the most difficult and saddest times of our live a little more bearable. The professionalism and the support and care shown by all the staff who visited Deb will always be appreciated. Many thanks.”

“To all the Team at PCSE – thank you to all involved in helping Peter (and me) stay at home, your friendship, help, advice and visits.”

“To everyone at PCSE, we want to thank you for your dedication and wonderful support you gave to Carl, and also to me. We miss him so much and still cant believe that he has gone so soon. Once again thank you.”

“...knowing you were there any time I needed you was such a comfort for me.”

“How thankful we are for a wonderful service like PCSE to journey and provide for Craig at this time of life. We know you are often each stretched for time and have a lot of matters to attend to, yet, your kindness, care, interest and friendliness shines forth every time. Thank you for all you do to make this time more comfortable and manageable for our family – especially for Craig.”

“It was a great comfort for me/us to know that you were there to guide the nursing home staff on Bruce's care. He always spoke well of your fortnightly visits to him. In the early days after he went to the nursing home, I was there and your friendly approach was great. In the last few weeks your visits were even more vital. It was great to have a quite lengthy chat with the nurse. It did much to ease my concerns even though I suspected from things he could no longer do that his life was nearing its end.

The care he was given by the Palliative Care team under the expert guidance of Kelly was superb. The support and care given to me – I was so appreciative of. Kelly was so caring and wonderful in her guidance of what needed to be done. So patient over the last 2 or so hours until he settled. Those last few hours for me were hard, but so much compassion, care etc were shown to me during all this and after. Thanks again to all.”

“We just wanted to express our deepest thanks for your exceptional care and assistance provided throughout our Mother's recent battle with cancer.

Your service was such a life line during a very difficult time – always there with much needed advice, information, support, reassurance and guidance.

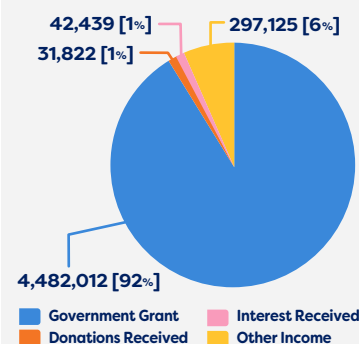
We have greatly appreciated all the care, sensitivity and dedication of your highly skilled team.

What a special bunch of people your all are! Be encouraged that you do an amazing job and make such an important difference during a highly stressful and critical time. – thank you so much.”

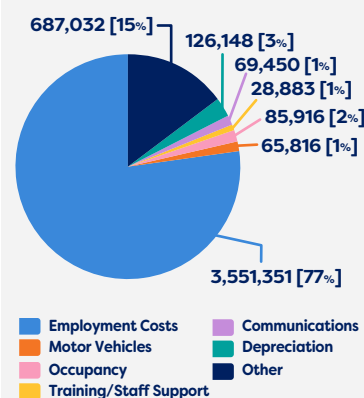
# Financials

Revenue	FY2018	FY2017	FY2016	FY2015
Government Grant	4,480,012	3,822,368	3,560,030	3,304,645
Donations Received	31,822	41,983	35,003	29,182
Fundraising	-	-	-	5,605
Interest Received	42,439	41,576	63,494	62,988
Other Income	297,125	273,809	66,600	111,442
	<b>4,851,398</b>	<b>4,179,736</b>	<b>3,725,127</b>	<b>3,513,862</b>
Expenses				
Employment Costs	3,551,351	3,303,074	3,166,246	2,799,868
Motor Vehicles	65,816	66,408	71,072	125,579
Occupancy	85,916	88,388	83,415	77,738
Training/Staff Support	28,883	32,484	62,514	49,870
Communications	69,450	55,553	47,919	46,724
Depreciation	126,148	102,187	85,511	100,957
Other	687,032	424,530	404,268	311,554
	<b>4,614,596</b>	<b>4,072,625</b>	<b>3,920,945</b>	<b>3,512,290</b>
<b>Net Surplus/(Deficit)</b>	<b>236,802</b>	<b>107,112</b>	<b>(195,818)</b>	<b>1,572</b>

INCOME BY SOURCE



EXPENSE BY SOURCE



## Donors

Thanks to the generosity of our wonderful donors Palliative Care South East is able to extend the level of service we provide to our clients, carers and their families. We are most grateful for this support and encourage members of our community to help us in any way they can.

### List of Donors

Mr Don Moyes	Mrs Rose Hall
Mr Hung Nguyen	Mr Tav Ngo
Rev Dr M. Ruth Redpath	Ms Glynis Rose
Ms Anita Clapperton	Mr Grant Truman
Mr K & Mrs M Lee	Mr Noel & Mrs Sue Anderson
Mrs T.J Lennon-Bowers	Mr Greg Arthurton
Mr Ed Van Kalken	Ms Rowena Esslinger
Ms Mary Schulberg	Mrs Pauline Fisher
Mr Geoff & Mrs Jan Brown	Ms Liz Galanos
Mr Stephen Griffiths	Mr Ron Geddes
Ms Christine Ritchie	Mr & Mrs S Jackson
Mrs Rosemary Van Sanden	Ms Catherine Magdich
Ms Michelle Ellul	Mr & Mrs S McDonald
Ms Betty Atkinson	Mr Peter & Mrs Vicki Minahan
Mr Trevor Blake	Ms Antonia Russell
Ms Elizabeth Coburn	
Ms Ursula Cole	

### Clubs & Organisations

Warren Opportunity Shop Inc  
Berwick Opportunity Shop Inc  
Rotary Club of Noble Park  
South Eastern Melbourne Primary Health Network  
Better Care Victoria  
City of Casey  
Casey Cardinia Foundation  
Honda Foundation  
Department of Health and Human Services

### Family & Friends of the late:

Mr Allan Jobson  
Mrs Jean Taylor  
Miss Hazel Moyes  
Mr James Allen  
Mr Luis Gallardo  
Mrs Carley Jobson  
Ms Lillian Joyce  
Mrs Theresa James

# How you can help

## Financial Donations:

Your generous donation, no matter how big or small, will help us to continue to support our community by providing care to those living with a life limiting illness and their families and friends. Our services are provided free of charge. You will be helping us to:

- Provide in-home specialist nursing care
- Provide 24 hour support
- Grief and bereavement counselling
- Occupational Therapy
- Social Work
- Music Therapy
- Spiritual Care
- Equipment
- Trained volunteers

Help us to do more by donating today. There are many ways to donate:

- Single donation
- Donation in memory
- Regular donation
- Bequest in you Will

Go to our website – [www.palliativecaresoutheast.org.au](http://www.palliativecaresoutheast.org.au) or call 03 5991 1300 to donate today.

Palliative Care South East is a registered charity. All donations over \$2 are tax deductible.

## Volunteering:

PCSE was founded by volunteers back in 1984. The philosophy of the early founders lives on in our volunteers. We could not fully support our community without the help of our volunteers.

Become a PCSE volunteer and help your community. We provide full training for all volunteers, with regular meetings and outings to provide ongoing support.

To find out more or to join our team, contact our Coordinator of Volunteers:

T: 03 5991 1300

E: [reception@palliativecarese.org.au](mailto:reception@palliativecarese.org.au)

W: [www.palliativecaresoutheast.org.au](http://www.palliativecaresoutheast.org.au) and follow the links to our Volunteers page.

## Corporate Sponsorship:

PCSE wants to partner with you to make our community stronger. By providing financial support, you can support our scholarship program, sponsor an event or make a regular donation to help purchase much needed equipment.

As a local business, your organisation can also provide non-financial support. We provide services to our clients and their families in their homes. Families caring for people with a terminal illness often do not have the time to carry out day to day activities that we take for granted. It could be lawn mowing, a haircut, cleaning, odd jobs – anything that will help our community to feel cared for.

Contact our office to discuss how you and your staff can help us to help our community.

Email: [reception@palliativecarese.org.au](mailto:reception@palliativecarese.org.au) or phone 03 5991 1300



## Palliative Care South East

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[www.palliativecaresoutheast.org.au](http://www.palliativecaresoutheast.org.au)



Palliative Care South East acknowledges the support of the Victorian Government, South Eastern Melbourne Primary Health Network and Better Care Victoria.



Palliative Care South East acknowledges the Bunurong and Wurundjeri people as the traditional custodians of the land and we pay our respects to the Bunurong and Wurundjeri Elders, past, present and emerging.